

**MONTANA WIC PROGRAM
END OF CERTIFICATION/NOTICE OF INELIGIBILITY**

An appointment has been scheduled on _____ at _____ AM/PM for the person(s) listed in the first box below to determine eligibility for continuation of WIC benefits.

End of Certification Notice

Certification End Date

Eligibility in the WIC Program for the named participant(s) expires with the current set of WIC checks. WIC Eligibility for:

Name _____ ID# _____ will end on _____

Name _____ ID# _____ will end on _____

Name _____ ID# _____ will end on _____

The above participant(s) will need to reapply to determine continued eligibility. **Bring all items checked below** to the appointment; this information is needed to qualify for WIC benefits. WIC looks forward to working with you and your family. Please call ahead if you are unable to come to your appointment.

	The participant(s) named above.
	Proof of all current household income (one month pay stubs, prior year tax return) or proof of current participation in TANF, Food Stamps or Medicaid.
	Proof of current residency (utility bill; rent receipt/agreement) and identification for the above named and for the parent/guardian.
	Completed Health & Diet Questionnaire and/or Infant Nutrition Questionnaire (please fill out both sides before your appointment).
	Proof of pregnancy.
	Other requested information:

Notice of Ineligibility	Name	ID #	End Date
Your child is over five (5) years of age.			
Your postpartum certification period is over.			
You are a breastfeeding woman whose infant is over 1 year of age.			
Your family's income is too high.			
You do not live in the Montana WIC Program service area.			
You requested withdrawal from the WIC Program.			
Other:			

For questions or information call: _____ or _____

Participant/Parent/Guardian Signature _____

Date _____

WIC Staff Signature _____

Date _____

WIC is an equal opportunity program. If you feel you have been discriminated against on the basis of race, color, national origin, age, disability or sex, write immediately to the Secretary of Agriculture, USDA, Washington D.C. 20250.

WIC Fair Hearing Procedures

If you are dissatisfied with any decision about your eligibility for WIC, you are entitled to a fair hearing.

1. Submit a verbal or written request within 60 days of denial of participation to either your local WIC office or the State WIC office: WIC Program Director, Cogswell Bldg., Helena, MT 59620 (800) 433-4298.
2. You will then receive a copy of the Montana WIC Hearing Procedures.
 - You may be represented by an attorney or anyone at the hearing.
 - The hearing shall be within 3 weeks of receiving the request and shall be convenient for you.
 - You will have 10 days written notice of the time and place of the hearing.
 - The hearing will be conducted by an impartial official.
 - You have the right to present any evidence on your behalf.
 - You will be given the final decision in writing within 45 days from the date of the request for hearing.